

VERIFICATION

Purpose: This category describes:

- What information must be verified;
- Other factors that may be verified if necessary; and
- Criteria for evaluating documents that are received.

WAC 388-490-0005 The department requires proof before authorizing benefits for cash, medical, and food assistance.

This rule applies to cash, medical, and food assistance.

- (1) When you first apply for benefits, the department may require you to provide proof of things that help us decide your eligibility. This is also called “verification”. The types of things that need to be proven are different for each program.
- (2) After that, we will ask you to give us proof when:
 - (a) You report a change;
 - (b) When we find out that your circumstances have changed; or
 - (c) The information we have is questionable or confusing.
- (3) Whenever we ask for proof, we will give you a notice as described in WAC 388-458-0001.
- (4) You must give us the proof within the time limits described in:
 - (a) WAC 388-406-0030 and 388-406-0035 if you are applying for benefits; and
 - (b) WAC 388-458-0001 if you currently receive benefits.
- (5) We will accept any proof that you can easily get when it reasonably supports your statement or circumstances. The proof you give to us must:
 - (a) Clearly relate to what you are trying to prove;

- (b) Be from a reliable source; and
 - (c) Be accurate, complete, and consistent.
- (6) We cannot make you give us a specific type or form of proof.
- (7) If the only type of proof that you can get costs money, we will pay for it.
- (8) If the proof that you give to us is questionable or confusing, we may:
 - (a) Ask you to give us more proof or provide a collateral contact (A “collateral contact” is a statement from someone outside of your residence that knows your situation);
 - (b) Schedule a visit to come to your home and verify your circumstances; or
 - (c) Send an investigator from the Division of Fraud Investigations (DFI) to make an unannounced visit to your home to verify your circumstances.
- (9) By signing the application, eligibility review, or change of circumstances form, you give us permission to contact other people, agencies, or institutions.
- (10) If you do not give us all of the proof that we have asked for, we will determine if you are eligible based on the information that we already have. If we cannot determine that you are eligible based on this information, we will deny or stop your benefits.

CLARIFYING INFORMATION

1. See **Confidentiality** for instructions on verification if the client is a participant in the Address Confidentiality Program (ACP).
2. The following charts display the eligibility factors that must be verified at initial application for each program. After initial application, these eligibility factors **cannot** be automatically re-verified. They **can only be re-verified** if there is a change in that specific factor or the information is incomplete, inaccurate, inconsistent, or outdated.

EXAMPLES OF OUTDATED INFORMATION:**EXAMPLE 1**

Client is in the CSO on 3/14/00 for recertification. Client reports that the rent is \$475. You have a copy of the lease in the file that states the rent is \$475, but it is a six-month lease from July 1999 through December 1999. You should request new verification of the rental amount and document why you did this.

EXAMPLE 2

Client applies for assistance on December 15 and states that she just began a new job on December 10. Her employer states that he anticipates that she will be working 20 hours per week and will make \$6.50 per hour. She is certified for December through February. At her recertification in February, you should request verification of both her current hours of work and her pay rate since anticipated income for new hires often changes after the employer has a chance to evaluate their work performance.

WHAT TO VERIFY	CASH ASSISTANCE	FOOD ASSISTANCE
Alien Status	X For all non-citizen AU members*	X For all non-citizen AU members*
Child Support Obligation	X	X
Dependent Care Expenses		X
Disability	X	X
Emergent Medical Condition		
Household Composition	X	X
Identity	X For all AU members	X For applicant or both the Head of Household and Authorized Representative
Incapacity	X	X
Income	X	X

ELIGIBILITY A-Z**Verification**

WHAT TO VERIFY	CASH ASSISTANCE	FOOD ASSISTANCE
Medical Expenses		X Over \$35
Pregnancy	X Including EDD	
Residency		X
Shelter Costs	X Obligation to pay rent or mortgage only	X Including Utility Costs
SSN Application	X	X
Questionable Information	X	X

* Persons who are here without documentation are not required to verify that fact.

The federal requirements for Medicaid verifications are much less stringent than those for cash or food assistance. Except as noted in the chart below for specific programs, accept the client's declaration of age, identity, and SSN. You can ask for verification whenever the information is questionable.

WHAT TO VERIFY	FAMILY MEDICAL, PREGNANT WOMEN ALL CHILDREN'S MEDICAL PROGRAMS	SSI RELATED MEDICAL (AGED, BLIND AND DISABLED)	LONG TERM CARE MEDICAL
Alien Status and Entry Date	X For all non-citizen AU members*	X For all non-citizen AU Members*	X For all non-citizen AU Members *
Child Support Obligation		Deduction Not Allowed	X Only allowed if income is garnished
Dependent Care Expenses			
Disability		X	X
Emergent Medical Condition **			***

ELIGIBILITY A-Z
Verification

WHAT TO VERIFY	FAMILY MEDICAL, PREGNANT WOMEN ALL CHILDREN'S MEDICAL PROGRAMS	SSI RELATED MEDICAL (AGED, BLIND AND DISABLED)	LONG TERM CARE MEDICAL
Household Composition			X Spousal and dependent deeming cases only
Identity			
Income	X Family Medical Only	X	X
Medical Expenses		X For Spenddown Only	X Over \$35
Pregnancy	X		
Residency			
Resources			
Shelter Costs			X Spousal and dependent deeming cases only
SSN Application— when no number or number is unknown	X	X	X

* Persons who are here without documentation are not required to verify that fact.

** Emergent Medical Condition applies only to the Medically Indigent Medical Program M99 and the Alien Emergency Medical Program F09 and S07.

*** Institutional and/or waived services meet the definition of emergency medical condition.

- The following chart is a suggested list of reliable sources of verification for each eligibility factor. Any source, including verbal, written, and email statements, can be used as long as it meets the "Criteria for Evaluating Verification". See **Worker Responsibilities** in this section for the criteria.

WHAT TO VERIFY	ACCEPTABLE VERIFICATION
Alien Status	<ul style="list-style-type: none"> Current Immigration Papers such as I-94 or Alien

WHAT TO VERIFY	ACCEPTABLE VERIFICATION
	Registration Card (I-551) <ul style="list-style-type: none"> • Passport • Naturalization Papers • Statements from INS • Birth Certificate
Child Support Obligation	<ul style="list-style-type: none"> • Court papers • SEMS data • Statement from the custodial parent • Receipt
Dependent Care Expenses	<ul style="list-style-type: none"> • Statement from the provider • Bills or receipts • SSPS data
Disability	<ul style="list-style-type: none"> • Award letter • Collateral contact with SSA • Collateral contact with VA
Emergent Medical Condition	<ul style="list-style-type: none"> • Hospital bills • Statement from the provider
Household Composition	<ul style="list-style-type: none"> • Statement from landlord • Rental agreement • Collateral contact
Identity	<ul style="list-style-type: none"> • Driver's license • State ID card • Birth certificate • Passport • School records • Current Alien Registration Card
Incapacity	<ul style="list-style-type: none"> • Doctor's statement • Medical Records • Statement from Incapacity Specialist (for GAU)
Income	<ul style="list-style-type: none"> • Pay stubs • Statement from employer • SEMS data • Bank statement that shows direct deposits (many deposits show the net amount, you may need additional information that shows the gross income) • Collateral contact • SOLQ

WHAT TO VERIFY	ACCEPTABLE VERIFICATION
Medical Expenses	<ul style="list-style-type: none"> • Bills/Receipts • Statement from the provider
Pregnancy	<ul style="list-style-type: none"> • Statement from licensed medical practitioner • Medical records
Residency	<ul style="list-style-type: none"> • Rental or Lease Agreement • Statement from landlord • Mortgage Papers • Utility company records or bills
Resources – including those of an immigrant's sponsor	<ul style="list-style-type: none"> • Bank statements • Insurance documents • Vehicle Registration • Stock certificates • Courthouse records • Property tax statement
Shelter Costs	<ul style="list-style-type: none"> • Landlord statement • Current lease • Rent or mortgage receipt • Utility bills • Collateral contact
SSN Application	<ul style="list-style-type: none"> • Collateral contact with SSA • SSA printouts or documents • Birth document that states SSN was applied for

4. There are some DSHS forms that may also be used to obtain verification. These forms verify several eligibility factors and may be more convenient for the client to use rather than obtaining several sources of verification. Do not **require** the client to use these forms.

- DSHS 14-224(X)- Statement from Landlord
- DSHS 14-223(X)- Statement from School
- DSHS 14-222(X)- Statement of Collateral
- DSHS 14-393(X)- Statement of Shared Living Arrangement.

5. DFI has an agreement with several tribes that investigators will contact the tribe before making any unannounced home visits on the reservation.

WORKER RESPONSIBILITIES

1. At initial application, obtain mandatory verification of each eligibility factor for the program(s) for which the client is applying. You may also want to obtain verification of the client's resources if the estimated value of countable resources is equal to or greater than $\frac{3}{4}$ of the resource limit. For example, the TANF resource limit for applicants is \$1000. You may want to request verification of the resources if the client states the value of the countable resources totals \$750 or more to make sure that the client's resources are below the limit.
2. Look in the case record before asking the client to provide the verification. If the client has previously provided verification of an eligibility factor, do not require the client to provide the verification again unless there is a change in that specific factor or the information is incomplete, inaccurate, or inconsistent. See **CASE RECORDS** for verification that needs to be included in the record when splitting, separating, or combining case records.
3. Request verification documents that the client can easily get. If it will take the client more than three business days to get the verification, offer to help the client get it.
4. If the client is a victim of domestic violence or if you have reason to suspect that the client is a victim of domestic violence:
 - a. Have the client write a statement that explains what proof or way of getting proof would put the client or the children at risk of harm, if any.
 - b. Help the client get proof that will not put them at risk.

For example, a woman and her two children apply for assistance. They are living at the local domestic violence shelter and the father of the children lives in the family home. Do not call the family home to verify any information. Do not require the victim to return to the home to get any verification.
5. If the client has a disability that would make it difficult or impossible to get certain information, offer to get the information for the client.
6. See **NSA** for additional procedures if the client has been designated as needing Necessary Supplemental Accommodation (NSA).
7. If the verification will cost money (such as birth, death, or marriage certificates, medical information, copies of bank statements, etc.) authorize advance payment as follows:

- a. Obtain the following information:
 - (1) The amount of the fee required for the needed information; and
 - (2) The address of the agency or individual providing the information.
 - b. If you do not know the amount needed or the address of the agency, you can get the information from the Disbursement Section of the Office of Accounting Services. They have a listing of all of the vital statistics agencies in the U.S. and the fees they charge.
 - c. Prepare a letter in duplicate to the agency or individual for the CSO Administrator or HCS Designee's signature. See Appendix I for the information that needs to be included in the letter to a vital statistics agency. Also include the CSO address to which the record or verification should be returned.
 - d. Have the CSO Administrator or HCS Designee sign and forward the original and one copy of the letter with a Request for Payment form. See Appendix II for an example of this form. Include a self-addressed stamped envelope to the CSO and an envelope addressed to the agency or individual providing the information. Send these to:

Office of Accounting Services
Disbursements Section
MS 45845
8. When requiring additional verification from the client, document on the remarks screen in ACES why additional verification was needed. Some reasons to request additional verification are:
- a. The information you have received is questionable. Consider information questionable when it:
 - (1) Contradicts or conflicts with other statements made by the client;
 - (2) Is received from a third-party source that contradicts or conflicts with other statements made by the client; or

- (3) Causes you to question the accuracy of the information provided by the client.
 - b. The client does not know information that could affect eligibility (For example, the client knows that they pay the electric bill and the gas is included in the rent, but they do not know if the heat is electric or gas); or
 - c. You need precise information in order to determine eligibility, e.g., a client's resources are close to the resource limit.
9. Criteria For Evaluating Verification
- a. Use the following criteria to evaluate documents and verbal/written statements used for verification:
 - (1) Does it verify the eligibility factor? For example, a child's birth certificate verifies age, citizenship, and parentage. It does not establish that the child is living with the client.
 - (2) Is the document/statement the most reliable available evidence?
 - (3) Was the document/statement prepared near the time the event took place?
 - (4) Is the document/statement signed and dated?
 - (5) Has the time period the document/statement covers expired?
 - (6) By whom was the document/statement prepared? Is that person reliable? Does that person have a personal interest in the outcome?
 - (7) Is there a phone number to contact the person who prepared the document/statement?
 - (8) For what purpose was the document/statement prepared?
 - (9) Does the statement/document deny knowledge of a fact although the statement maker was clearly in a position to know the facts?
 - (10) Was there a legal process involved in establishing the

document/statement? Was an oath administered? Was an affidavit taken?

- (11) Were witnesses present?
 - (12) Are there any inconsistencies in the document/statement itself?
 - (13) Is the document/statement consistent with other information?
 - (14) Is the document /statement based upon first-hand knowledge rather than opinion, inference, or hearsay?
 - (15) Has the document been in the possession of a person with reason to change it? Does it appear the document is altered? For instance, is a different typeset or handwriting style used on only a portion of the document? Has anything been erased or covered with correction fluid (White-Out[®])?
 - (16) Is there any other reason to question the validity of the document?
- b. After evaluating a document on the above criteria, determine if you have enough information to establish eligibility. If not, document the reason and request further verification.
- c. When there are conflicts in documents or verbal/written statements:
- (1) Obtain in writing a clarifying statement from the client or other person that reasonably explains or resolves the conflict.
 - (2) Obtain verification items, or refer the case to FRED to obtain verification items needed to support the explanation or resolution of the conflict. See **FRAUD** for details on FRED referrals.
 - (3) When verification items cannot be obtained to support the explanation or resolution, make a decision based on available information. If the available information is not sufficient to determine eligibility, deny or terminate assistance. Document the action taken.

10. Document the following for each case:

- a. What verification you requested;
- b. Why you requested verification/additional verification;
- c. What verification you received;
- d. When you received the verification;
- e. Who prepared the verification document/statement;
- f. What action you took, if any, to help the client get the verification;
- g. Whether the client has a disability that would make it hard or impossible to get the verification, and/or whether the client is a victim of domestic violence and failed to get the verification due to the domestic violence;
- h. Whether the client has been designated as NSA, and if so, whether you followed the NSA Accommodation Plan;
- i. What decision or action you took; and
- j. Any information you consider pertinent to the situation.

ACES PROCEDURES

ACES requires workers to record the types of verification used for multiple eligibility factors.

1. Enter the valid value for the eligibility factor being verified in the (V) field located to the right of the eligibility factor. Press <F1> for appropriate valid values.

Note: Not all valid values listed can be entered by a worker. Some valid value codes (such as [FV] for SSN verification and [BX] for unearned income amount verification) are system-generated. Entering a code intended to be system-generated will result in a message at the bottom of the ACES screen informing you that the code may not be entered. Use an appropriate valid value that the system will accept.

2. Some valid values such as [CS] for client statement, [FA] for failed, and [RE] for

refused may have a negative impact on eligibility. If there is another valid value that is more appropriate, enter that valid value.

For example: If a client states that their income is \$200.00 weekly and does not provide wage stubs, but you were able to get the information from the employer over the telephone, enter [ES] for employer statement as opposed to [CS] or [FA].

3. Some valid value codes will require clarification or elaboration such as [CC] for collateral contact, [OT] for other, and [ES] for employer statement if you do not have a statement in writing. When someone reviewing the case could not readily tell what verification was used, or you do not have a copy of the verification in the physical file, you need to enter remarks to clarify your verification.
 - a. Press <F9> key to bring up the (REMA) screen for the screen that you have entered the valid value on. There is a different Remarks screen for each screen in ACES.
 - b. Record the item being verified, the verification, and any necessary detail to document your use of the verification. For example: "Verified weekly income of \$250.00 gross via phone call to A/R's supervisor Bob Roberts at the Donut Shack on 02-06-98. A/R works 40 hrs/week on a regular basis. Expect this income to remain constant."

APPENDIX I**RECOMMENDED LETTER FOR REQUESTING VITAL STATISTICS**

(Use Your Office Letterhead)

(Current Date)

(Name of Vital Statistic Agency)

(Address)

(Address)

To Whom It May Concern:

This letter is to request a (birth/death/marriage) certificate for the following person(s) listed below:

Name: _____ Birth Date: _____

Birth Place: _____ County: _____

Mother's Maiden Name: _____ Father's Name: _____

Name: _____ Birth Date: _____

Birth Place: _____ County: _____

Mother's Maiden Name: _____ Father's Name: _____

Name: _____ Birth Date: _____

Place of Death: _____ County: _____

Names: _____

Place of Marriage: _____ Date: _____

Authorization for DSHS to obtain this information:

Case Name: _____ AU Number: _____

SIGNATURE OF THE CLIENT

Enclosed is a check issued to: _____ in the correct amount to cover the certified copy cost and a self-addressed envelope for your convenience.

Thank you for your cooperation in this matter.

Sincerely,
(Administrator's Signature)

(Name of Administrator)

(Name of Office)

Attachments

APPENDIX II

REQUEST FOR PAYMENT FOR VITAL STATISTIC DOCUMENTS

(Current Date)

TO: Manager
Disbursements Section MS: 45845

FROM: (Name of Administrator and Title)
(Name of the Office and Mail Stop)

SUBJECT: REQUEST FOR PAYMENT FOR VITAL STATISTICS FEE(S)

This memorandum is to request your assistance in obtaining (No. of Certificates) (Birth/Marriage/Death) certificate(s) for the following person(s):

<u>Name</u>	<u>Date of Event</u>	<u>County/State</u>	<u>Vital Statistics Agency</u>

This office is requesting that a check be issued from the Administrative Revolving Fund in the amount of (Appropriate Fee) to (Vital Statistics Agency). Attached is the signed request, a copy, and the addressed envelopes. The following is the complete line of account coding to be used for this office.

ACCOUNT CODE: (XXX-XXX-XXX-XXXXX-EZ 7990-XXXX-XXXX)

If you have any further questions regarding this request for certificate(s), please contact: _____
(Name of Office Contact) _____ at _____ (Area code/Telephone Number) _____

Attachments: Letter to Vital Statistics Agency
Envelope to Vital Statistics Agency
Self-Addressed/Stamped Envelope